

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000043779 (5)

1. Corporation Name

SNC/PVT CORPORATION

Principal Place of Business

4830 W. KENNEDY BLVD.
SUITE 740 - ONE URBAN CENTER
TAMPA FL 33609

Mailing Address

4830 W. KENNEDY BLVD.
SUITE 740 - ONE URBAN CENTER
TAMPA FL 33609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/10/1994

3a. Date of Last Report

4. FET Number

☒ Applied For
☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ROSS, SAMUEL K
4830 W. KENNEDY BLVD.
SUITE 740
TAMPA FL 33609

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0509, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME BRAY, COREEN M
STREET ADDRESS 4830 W. KENNEDY BLVD., SUITE 740
CITY ST ZIP TAMPA FL 33609

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/P
1.2 NAME Bray, Coreen M
1.3 STREET ADDRESS 4830 W. Kennedy Blvd. Ste 740
1.4 CITY ST ZIP Tampa, FL 33609 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

2.1 TITLE V/S
2.2 NAME ROSS, Samuel K.
2.3 STREET ADDRESS 4830 W. Kennedy Blvd. Ste 740
2.4 CITY ST ZIP TAMPA, FL 33609 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

3.1 TITLE V/AS
3.2 NAME Green, Daniel B.
3.3 STREET ADDRESS 4830 W. Kennedy Blvd. Ste 740
3.4 CITY ST ZIP TAMPA, FL 33609 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

4.1 TITLE T
4.2 NAME West, Dale A.
4.3 STREET ADDRESS 4830 W. Kennedy Blvd. Ste 740
4.4 CITY ST ZIP Tampa, FL 33609 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY ST ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY ST ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Samuel B. Ross
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel B. Green
Vice President

4-28-95

(813) 286-4140